FORM D RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number:

3235-0076 April 30, 2008

Expires: Estimated average burden



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Filing Under (Check box(es) tl	hat apply): 🔲 Rule 504 🔲 Rule	505 🛛 Rule	e 506 🔲 Secti	on 4(6) ULOE	
Type of Filing: New Fi	iling Amendment			, ,	
	A. BAS	IC IDENTIFIC	CATION DATA		
1. Enter the information reques	sted about the issuer		•		
Name of Issuer (check if the Viking Global Equition	his is an amendment and name has es III Ltd.	changed, and ir	ndicate change.)		
Address of Executive Offices (1 c/o Goldman Sachs (0 St., P.O.Box 896, George Town	-	Telephone Number (Including Area Code) 441-295-9166			
Address of Principal Business (if different from Executive Of	Operations (Number and Street, Cit fices)	y, State, Zip Co	ode)	Telephone Number	r (Including Area Code)
Brief Description of Business	To operate as a private investm	ent corporation	l.		PROCESSED
Type of Business Organization			,	E	MAR 2 9 2007
□ corporation	limited partnership, al	ready formed	ot	her (please specify):	THOMSON
☐ business trust	☐ limited partnership, to	be formed			FINANCIAL
Actual or Estimated Date of Inc	corporation or Organization:	Month5	Year 99	⊠ Actual □ I	Estimated
Jurisdiction of Incorporation or	Organization (Enter two-letter U.S CN for Canada; FN			or State:	FN

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

				A. BASIC IDEN	TIFICATION DATA		
2.	Ent	er the informati	on requested for th	e following:			
	o	Each promote	r of the issuer, if th	e issuer has been organized	within the past five years;		
	o	Each beneficial of the issuer;	al owner having the	e power to vote or dispose,	or direct the vote or disposition	n of, 10% or more of	f a class of equity securities
	o	Each executiv	e officer and direct	or of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers; and
	o	Each general a	and managing partr	er of partnership issuers.			
Check	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Na		ast name first, i	f individual)				
	ss or R c/o	esidence Addre	(Cayman) Trust, I	er and Street, City, State, Zij Limited, Harbour Centre, 2r	p Code) Id Floor, North Church Street,	P.O. Box 896, Geor	ge Town, Grand
Check	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Na		ast name first, i	f individual)				
Busine	ss or F	lesidence Addre		er and Street, City, State, Zi		DO D 004 C	
Cayma		Goldman Sachs man Islands, B.	, , , .	Limited, Harbour Centre, 2r	nd Floor, North Church Street,	P.O. Box 896, Geor	ge Town, Grand
Check 1	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Na		ast name first, i Goodall	f individual)				
	ss or F	esidence Addre	(Cayman) Trust, I	er and Street, City, State, Zi Limited, Harbour Centre, 2r	p Code) ad Floor, North Church Street,	P.O. Box 896, Geor	ge Town, Grand
Check	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	f individual)				
Busine	ss or F	esidence Addre	ss (Numbe	er and Street, City, State, Zij	p Code)		
Check 1	Box(e	s) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	f individual)				
Busines	ss or F	lesidence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)	 	
Check	Box(e	s) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	f individual)				
Busines	ss or F	esidence Addre	ss (Numbe	er and Street, City, State, Zij	p Code)		<u> </u>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORMA	TION ABO	OUT OFFE	RING				
1.	A	nswer also	d, or does the	dix, Colum	n 2, if filing	g under UL	OE.					No ⊠	
2.			num investr Directors m					ıal		••••••	<u>\$1,</u> Yes	000,000* No	
3.	Does th	e offering	permit join	t ownershi	p of a singl	e unit					🛛		
4.												nmission or	similar ociated person or
												If more the	
	-		d are assoc	iated perso	ns of such	a broker or	dealer, you	may set fo	orth the info	rmation fo	r that broke	er or dealer	only. Not
Full No	Applica		, if individ	ual)									
Busine	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	state, Zip Co	ode)						
Name o	of Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Na			ı, if individ										
Busine	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip Co	ode)						
Name	of Associ	ated Broke	r or Dealer										
States in which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									☐ All	States			
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN]	[MS] [OR]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PR]
Full Na	ame (Last	name first	t, if individ	ual)					·-··-				
Busine	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)						
Name	of Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN]	[MS]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[OR] [WY]	[PR]
Full Na	ame (Last	name first	t, if individ	ual)	···								
Business or Residence Address (Number and Street, City, State, Zip Code)													
			r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the co the securities offered for exchange and already exchanged.						
			Aggregat Offering			Amount Already	
	Type of Security Debt	¢	Price		6 0	Sold	
	Equity	_					
						9,200,6	39
	[X] Common (Class A and Class B) [] Preferred	<u>\$</u>			0		
	Convertible Securities (including warrants)				5 0		
	Partnership Interests				0		
	Other (Specify)				0		
	Total	<u>\$2,</u>	000,000,0	00 9	51,00	9,200,6	59
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have p aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors		Number Investors	s	Aggı A F	regate D mount of urchase	of s
	Non-accredited Investors		0		50	-,,,,	
	Total (for filing under Rule 504 only)			`			
	Answer also in Appendix, Column 4, if filing under ULOE.			<u> </u>	<u>, </u>		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.		. Classify	securitie			
	Type of Offering			pe of curity	A	Dollar S mount:	_
	Rule 505			-	\$		
	Regulation A				<u> </u>		
	Rule 504				\$		
	Total				<u> </u>		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	s in the	future con				
	Transfer Agent's Fees			[]	\$	0	
	Printing and Engraving Costs			[X]	\$	+	
	Legal Fees		,,,,,,,,,,,,	[X]	\$	*	
	Accounting Fees			[X]	\$	*	
	Engineering Fees			[]	\$	0	
	Sales Commissions (specify finders' fees separately)		.,,,,,,,,,,,,	[]	\$	0	
	Other Expenses (identify)			[X]	\$	*	
	Total			[X]	\$	75,000*	
					_		

^{*}All organizational and offering expenses are estimated not to exceed \$75,000.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

purposes shown. If the amount for	djusted gross proceeds to the issuer use r any purpose is not known, furnish an e is listed must equal the adjusted gross pr	stimate a	ınd c	check the box to the	left o	of the	
				Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries		. []	<u>\$</u>	[]	\$
Purchase of real estate		. []	\$	[]	\$
	tallation of machinery and]	\$	[)	\$
Construction or leasing of plant but	ildings and facilities	. []	<u>\$</u>	[]	\$
	cluding the value of securities be used in exchange for the assets or nt to a merger)]	\$	[]	\$
Repayment of indebtedness		. []	\$	[]	\$
Working capital	***************************************	. []	\$	[}	\$
	Investment Capital	_ [X]	\$1,999,925,000	[]	\$
Column Totals	tals added)	•]	\$1,999,925,000 [X] \$	[1,999] 9,925	\$ 000,
	D. FEDERAL S o be signed by the undersigned duly aut the issuer to furnish to the U.S. Securiti	horized p	ersc	on. If this notice is f			
	edited investor pursuan to paragraph (b						,
irnished by the issuer to any non-accre	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					,	
	Signatur:			Date	•		
				Date 3/	<u>Z0</u>	10	17
suer (Print or Type)		- e)		Date 3/	<u>Z0</u>	10	57

	E. STATE SIGNATURE
1.	Yes No Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes No □□
	See Appendix, Column 5, for state response. Not Applicable
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not Applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not Applicable
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not Applicable
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned y authorized person.
	Issuer (Print or Type) Signature Date
	Viking Global Equities III Ltd. 3/20/07

Authorized Signatory on behalf of the Fund

Title (Print or Type)

Instruction:

Name (Print or Type)

Carl Casler

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				
·			VIKING	GLOBAL	EQUITIES I	II, LTD.			
1	Intend to non-acci investors (Part B-	sell to redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Туре о	Disqualification under State ULOE (yes, attach explanation of waiver granted) (Part E-Item 1) Not Applicable				
State	Yes	No	Class A Shares and Class B Shares Par Value \$0.01 \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL		Х	X	1	\$4,900,000	0	0		
AK							ļ		
AR									
AZ		X	X	1	\$5,000,000	0	0		
CA		X	X	11	\$65,050,000	0	0		_
СО		X	X	9	\$30,000,000	0	0		
CT	ļ	X	X	9	\$15,479,134		0		
DE		Х	X	6	\$54,733,333		0		
DC						0	0		
FL		X	X	2	\$17,461,000	0	0		
GA	ļ	Х	Х	4	\$10,250,000	0	0		
HI	_						ļ		
ID									
IL_		X	X	18	\$139,600,000	0	0		_
<u>IN</u>	1	X	X	3	\$8,150,000	0	0		_
IA		X	X	2	\$2,500,000	0	0		
KS							<u></u>		-
KY		X	X	1	\$2,200,000	0	0		
LA		Х	X	2	\$7,500,000	0	0		
MA		X	X	11	\$55,300,000	0	0		
MD									_
ME	ļ-						<u> </u>	ļ	
MI	 	X	X	1	\$19,800,000	0	0		
MN	<u> </u>	Х	Х	3	\$68,500,000	0	0		
МО	<u> </u>				-				
MS	-					· 			
MT									

	, .			APP	ENDIX					
			VIKING	GLOBAL	EQUITIES I	II, LTD.				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	3 e of security l aggregate ering price ered in state Type of investor and amount purchased in State						
State	Yes	No	Class A Shares and Class B Shares Par Value \$0.01 \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
NC		X	Х	4	\$18,700,000	0	0			
ND										
NE										
NH										
NJ		Х	Х	5	\$43,000,000	0	0			
NM		Х	Х	3	\$11,000,000	0	0			
NV										
NY		Х	х	28	\$235,687,192	0	0			
ОН		X	X	12	\$67,500,000	0	0			
OK		Х	Х	1	\$4,000,000	0	0			
OR		Х	Х	1	\$2,000,000	0	0			
PA		Х	Х	11	\$47,000,000	0	0			
RI										
SC							<u> </u>			
SD		X	Х	1	\$3,500,000	0				
TN		Х	Х	5	\$18,750,000	0	0			
TX	ļ	Х	Х	1	\$1,750,000	0	0			
UT	<u> </u>									
VA		X	X	13	\$26,890,000	0	0			
VT			-							
WA		Х	Х	4	\$20,500,000	0	0			
WI		Х	X	1	\$2,500,000	0	0			
WV										
WY										
PR										